

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | M D N | 50 | 02-17-01 |
| FORMALITY REVIEW | Y | 905 | 3/01/01 |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | | | |
|-------|----------|---|---|---|
| Final | Original | 1 | 2 | 3 |
| 1 | 1 | ✓ | ✓ | ✓ |
| 2 | 1 | | | |
| 3 | 1 | | | ✓ |
| 4 | 1 | | | |
| 5 | 1 | | | |
| 6 | 1 | | | |
| 7 | 1 | | | |
| 8 | 1 | | | |
| 9 | 1 | | | |
| 10 | 1 | | | |
| 11 | 1 | | | |
| 12 | 1 | | | |
| 13 | 1 | | | |
| 14 | 1 | | | |
| 15 | 1 | | | |
| 16 | 1 | | | |
| 17 | 1 | | | |
| 18 | 1 | | | |
| 19 | 1 | | | |
| 20 | 1 | | | |
| 21 | 1 | ✓ | ✓ | ✓ |
| 22 | 1 | ✓ | ✓ | ✓ |
| 23 | 1 | | | |
| 24 | 1 | | | |
| 25 | 1 | | | |
| 26 | 1 | | | |
| 27 | 1 | | | |
| 28 | 1 | | | |
| 29 | 1 | | | |
| 30 | 1 | | | |
| 31 | 1 | | | |
| 32 | 1 | | | |
| 33 | 1 | | | |
| 34 | 1 | | | |
| 35 | 1 | | | |
| 36 | 1 | | | |
| 37 | 1 | | | |
| 38 | 1 | | | |
| 39 | 1 | | | |
| 40 | 1 | | | |
| 41 | 1 | | | |
| 42 | 1 | | | |
| 43 | 1 | | | |
| 44 | 1 | | | |
| 45 | 1 | | | |
| 46 | 1 | | | |
| 47 | 1 | | | |
| 48 | 1 | | | |
| 49 | 1 | | | |
| 50 | 1 | | | |

If more than 150 claims or 10 actions
staple additional sheet here

11
(LEFT INSIDE)